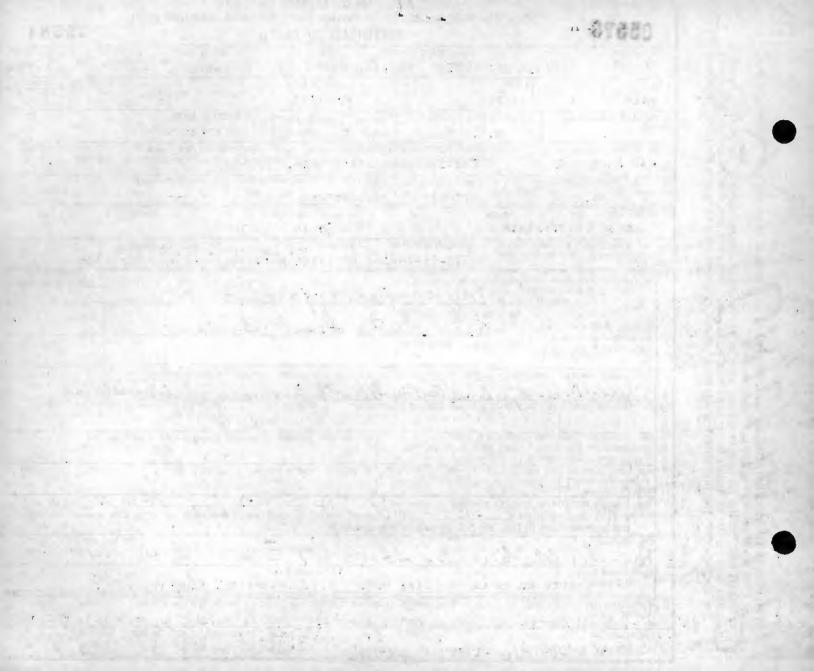
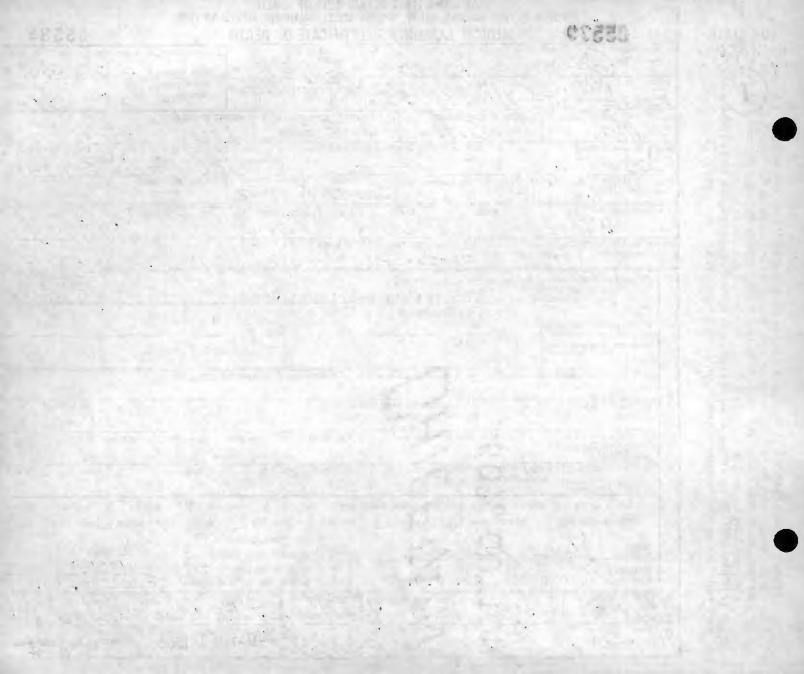


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWNER Month Yeor (Type or Print) Donna Lee Bennett DEATH MATED IF UNDER 1 YEAR IF HINDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years OC DATE PRONOLINCED DEAD 2d. HOUR .68 4/19/1949 White YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH Dorchester WIDOWED DIVORCED [ Maruland Give Pages ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 112b, KIND OF BUSINESS OR Office alang with Md. Hospital alex (lothing .Cambridge 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN and 2 with 13b. COUNTY icomico Sharptown 4th. Street YES NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Norris J. Bennett Alice Ann Bragg shauld be farwarded to the Chief Medical Examiner's pages hours 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMAN Norris J. Bennett. Sharptown, Md. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Intracranial injury Instant IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Instant burial-transit Conditions, if any, which gave Crushing wound of skull rise to immediate cause (a). This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 3 shauld PRIMARY OR CONTRIBUTING crematian, Passenger in car which struck tree CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town factory, office building, etc.) Near Rhodesdale, Md. S.R.# WHILE AT WORK AT WORK Dorche Highway 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection XXI. Inquiry X and in my apinion death resulted from: Natural causes ... Accident ... Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED SIGNATURI DEPUTY MEDICAL EXAMINER 5 n. TO FUN. Health NAME Type John Mace Jr. M.D. Cambridge. ADDRESS(Street, city, town, or county) 23g. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Memoru 24. FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE Neunam Funeral Home. Sharptown

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-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	05579 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05582
HEALTH DEET.	1. DECEASED-NAME Jost 2a. DATE KNOWN Month	Doy Yeor 2b. HOUR
≈ 5 5 €	(Type or Print) GCYTTUCK LAUVE BUVET BUVET BESTI	27 1868 1/PM
delay Romand & Po	3. SEX / 4. RACE / S. DATE OF BIRTH / 6. AGE (In years I FUNDER I WAR IF UNDER 24 HRS. 2c. DATE PROMOTINGED DEAD	2d. HOUR
9 6 3	Female white \$130/9/ Provider MONTHS DAYS HOURS MIN. Manth 4 Day	8 Year 188 AM
2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	70. BIRTHPLACE (Stote or foreign 7b. CITYZEN OF WHAT COUNTRY) 8. MARRIED NEVER MARRIED 9. COUNTRY OF DEATH	1
orm of a	(QUINTY) Md, U.S.H. WIDOWED DIVORCED   1) orchest	ter Md
ath th th	10. CATY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dang	12b. KIND OF BUSINESS OR
Giver death.  Giver Pages and with for the State th.	Secretary give street oddress) during most of warking life, even if retired	Wolfen torse
s after death 18. Give Page s along with 2 with the Stat death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
18 18 de de de	admission) STATE // 13b. COUNTY // De Scientify YES NO.	
24 hours after death. In Item 18. Give Pages 1, 2 r's Office along with form les land 2 with the State Depres after death.	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last /
24 ris	Winter Wilson Hary P	nnnell
within 24 pencil in xaminer's ile pages 72 haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yez of wag or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS	1. 1
	110 HI-22-5636 Norothy Heary, Dec	retary
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	APPROXIMATE HITERVAL BETWEEN ONSET AND DEATH
executed nding" ir Medical permit.	IMMeDIATE CAUSE (a) Congestive heart failure	6 months
be executing "pending" in Medice ansit permit event with	Conditions, if any, which gave a	
d b d 'l Chie rran y ev	rise to immediate cause (a), (b)	
shauld be executed to ward "pending" is the Chief Medical burial-transit permit.	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sh to to to burn d in		
This certificate shauld cate, writing the ward be farwarded to the Ch lbe used as a burial-tra	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
this certificate, writing the farward be used a remaval,	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW INJURY OCCURRED (Enter popular of injury in Part ) or Part 2. Item	20. AUTOPSY?
This icate, be for the trent or ten	WAS PERFORMED?	YES NO K
#E	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, the PRIMARY OR CONTRIBUTING HOUR A.M.	m 18.)
VER: certifi nould les. shaulo tian, c	CAUSE OF DEATH P.M. 19	
(AMINER: e the cert e 4 shouls dur files. age 3 shau crematian,	fortune of the building street, and street	County State
0 2 0 5 E	AT WORK AT WORK	
ICAL I e exector. Poed for cror: burial,	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry	, ond in my opinion
please edirector director etained DIRECT ar to bu	deoth resulted from: Notural causes 🗵, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner [	
please direct retaine DIREC	ACTUAL CHIEF MEDICAL EXAMINER C	
EPUTY Ssary, ple funeral di ay be rest INERAL D ITH prior	SIGNATURE	
o DEPUTY SICAL R necessary, please exect the funeral director. Po 5 may be retained for 5 FUNERAL DIRECTOR: Health prior to burial,	EXAMINER'S John Mace Jr. W.D. DEPUTY MEDICAL EXAMINER I 14/3  ADDRESS (Street, city, town, or county) Cambri	0/68 dge. Md.
ro DEPUTY necessary, the funera 5 may be 0 FUNERA	230 BURIAL CREMATION / 23b PATE 230 NAME OF CEMETERY OR CREMATORY / 23d LOCATION (City of Town)	(County) 1 (State)
()	1 2 190 1 4/30/68 Last New May Ket East New May	ht Un Del
- M	24 FUNERAL DIRECTOR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR 256.	IGNATURE
VR A15ME (5)	Ducker / Villorghord bast low Marker MAY V 1 1968 for	ares judge



1			ID STATE DEPARTMENT			
	25580	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, CERTIFICATE OF DEA		ND 21201	·
			Lost	20 DATE OF DEATH	2	25. HOUR
	(Type or print)			APRI		est.
3. 5	WILLIAM WILLIAM	IAM PRINCETON	CHESTER  15. DATE OF BIRTH		GE 'in years IF UNDER 1 Y	
3. 3				last	t doy) MONTHS	DAYS HOURS MIN
70	MALE BIRTHPLACE (State or foreign	NEGROID  75 CITIZEN OF WHAT COUNTRY?	OCTOBER	The second secon	YRS.	
(0)	MARYTAND  CITY OR TOWN OF DEATH		8. MARRIED NEVER MARRIED DIVORCED DIVORCED	1	HESTER	LI .
10	CITY OR TOWN OF DEATH	USA 11 NAME OF HOSPITAL OR IN		b. USUAL OCCUPAT ON (Kind		ND OF BUSINESS OR
1.0	CAMBRIDGE	give street oddress)	D. HOSP. INC.	ring most of working life, e		RY
130	. USUA: RESIDENCE (Where decec	ised lived, if institution. Residence before	13c CITY OR TOWN 13d MSIC	DE CITY LIMITS? 13e. STREET A		
odn	MARYLAND	13borchester	CAMBRIDGE YES	No□   507	DOBSON STREE	T
_	FATHER S NAME First	Middle Lost	15. MOTHER S MAIDEN N	IAME First	Middle	lost
	PRINCETO	N CHEST	ER	EVA A		HESTER
160	o. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY			Address	07/70
	Yes, no, other known) (If yes give	215-26-49	76 FRANCES E.	CHESTER 50	7 DOBSON ST.	21613
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), and (c)			BETY	PPRUXIMATE INTERVAL WEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSI	ATE CAUSE (0) Carcinoma	of larynx wi	th metasta	sis	
	/ / / /	DUE TO, OR AS A CONSEQUENCE OF				
	Conditions, if any, which gove rise to immediate cause (a),	(0)				
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF				
	last.	) (c)	IOT DELATED TO THE TERMINAL DICEA	CE OD CONDITION CIVEN IN D	ADT 1/al	
	PART 2 UTHER SIGNIFICANT CO	MULLIONS CONTRIBUTING TO DEATH BUT I	IOI KELATED TO THE TERMINAL DISEA.	SE OKCONDITION GIVEN IN P.	AKT I(U)	
	190, DATE OF OPERATION 196	. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20o. AUTOPSY?	20b IF YES. V	WERE FINDINGS CONSIDERED	IN CERTIFYING
A S	FIG. DALE OF OTERNION	. Londings For Third of Environment		NO CAUSES OF D		
CERTIFICATION		NG 216 TIME OF INJURY	21c. HOW INJURY OCCURRED		Port I or Port 2, Item 18.)	
MEDICAL	or contributing CALSE OF DEA	ATH HOUR A.M. Month Doy Year	9			
MED	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		F.D. No. City or To	wn County	Stote
	at work					
	22a. I certify that (I) (t	his haspital) attended the deceosalive an April	ed from 4-17-67.	, 19, ta ADI	19 00 ,	that (I) (we) Ic
	saw the deceased	alive an <u>April</u> ve, (I) (we) <b>(7</b> id) (du <del>lant)</del> view the	1964, and that in (my) (au	ır) apinian deoth occur	red on the dote and h	our and fram th
н	22b, SIGNATURE	e, (i) (we) (did (die w.) view the	body offer death.		22c. DATE SIGNE	FD
L	228. SIGNATURE	lott	DEGREE PHYS.	MED. STA	[[	10. 168
П	22d. PHYSICIAN'S	The same of the sa	22e. ADDRESS			
	NAME (Type) J.	EDVIN FASSETT, M. I		HIGH STREET	CAMBRIDGE, N	<b>D</b> •
23		DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (Cir	ty or Town) (County)	) (Stote)
	BURTAT'y)	4/13/68	BECKWITH	BECKW		$MD_{\bullet}$
24	. EUNERAL DIRECTOR	ADDRESS	S 2So. I	REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURI	11
-	Trade 1 12 X	KANAZAZI CAMBRI	TOGE, MD. DATE	4 D 400	O William As	THE PARTY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05584 CERTIFICATE OF DEATH DECEASED NAME 2g. DATE OF DEATH 2b. HOUR (Type or print) requires that the death certificate be executed within 24 haurs after 4. RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In vears DAYS MONTHS HOURS 9. COUNTY OF DEATH buriol, cremotion, or removol, and in ony event, within 72 hou 7a, BIRTHPLACE (State or fareign 76. CITHZENJOF 8. MARRIED NEVER MARRIED the attending physician and completely filled in sit permit. Then please remove carbon papers. country) WIDOWED [ DIVORCED [ 10 CMY OR TOWN OF DEATH 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institutions Residence before 134 INSIDE CITY HAITS? 13e. STREET AND 136 COUNTY NOF 14. FATHER'S NAME Middle Last IS MOTHER SOMAIDEN NAME First Middle 65017 INFORMAN1 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL/SECURITY NO Yes, na. ar unknawn) (If yes give war or dates of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line fox (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. homa IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave buriol-transit nse ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use os the should be filed with the State Dept. of Health prior to FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an.... and that in (my) (aur) opinion death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE CEMETERY OR CREMATORY (Caunty) 2Sa. REC'D BY REGISTRAR 2Sb VR A15 (4) 1968 30M REV 1/68





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR law requires that the deoth certificate be executed within 24 hours after deoth (Type or print) MARY MEDICALVS ELLIOTT 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF JNDER 24 HRS. 3. SEX tast birthaay) MONTHS OAY\$ 1876 NEGRO ID DECEMBER 25. FEMALE buriof, cremation, or removol, and in ony event, within 72 hays: 9 COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (State or foreign B. MARRIED [ NEVER MARRIED ] COUNTRY MARYLAND the ottending physician and completely filled in sit permit. Then please remove carllon papers DORCHESTER USA WIDOWED TO DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) during most of working life, even if retired.) INDUSTRY LINAS ROAD 13a USUAL RESIDENCE (Where deceased lived if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE MARYLAND NO. YES 🗀 LINAS ROAD 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle First Middle TODD ANN TE JAKE MEEKINS 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, ng or unknown) (If yes give wor or dates of service) CHURCH CREEK. 220-01-6933 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY. buriol-tronsit permit. IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retained by the hospital or attending physician. stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been should be detached for use as the with the State Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 📆 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b, TIME OF INJURY GR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either natify medical examiner) P.M ( AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Not while at work at wark 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR T DEGREE PHYS PHYS director, page should be filed 22e ADDRESS 22d PHYSICIAN'S NAME (Type) 602 LOCUST STREET CAMBRIDGE. MD. THOMPSON. 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (County) (State) 23a. BJRIAL, CREMAT ON, WESLEY LINAS ROAD DOR. **ADDRESS** VR A15 (4) 30M REV, 1/68 CAMBRIDGE, MD.



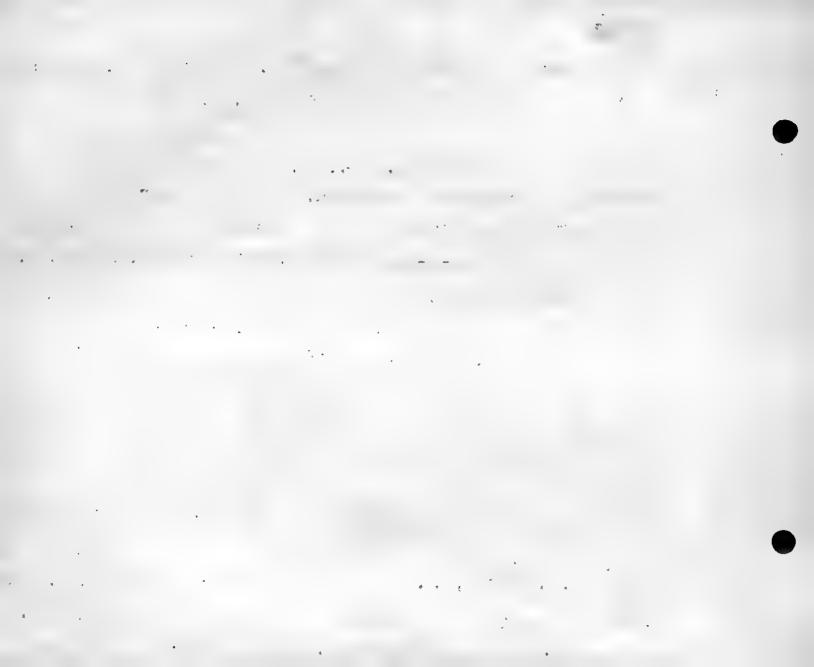
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05587 DECEASED NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR desiff requires that the death certificate be executed within 24 haurs after death **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, mage 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and shauld be filed with the State Dept. af Health prior to burial, cremation, or remayal, and in any event, within 72 hou<u>ss after deatt</u> (Type or print) 8110 AN S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS iast h rthday) MONTHS DAYS HOURS emale -10 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9-EQUNTY OF DEATH 8. MARRIED [7] NEVER MARRIED 54 Pahe WIDOWED [ DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street,address) during most of working life, even if retired ) INDUSTRY 130 LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER / C 13d. NSIDE CITY LIMITS? COUNTY YES 🔀 NO F MAC 14. EATHER'S NAME Middle MOTHER'S MAIDEN NAME First Fesmuer 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. pr unknown) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the haspital ar attending physician stoting the underlying couse PART 2 OTHER GRIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. LEYES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO X TO FUNERAL DIRECTOR: After this certificate 21a, ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark at wark 22a. I certify that (I) (this haspital) attended the deceased from 4-10, 1968, ta 4-12, 1968, that (I) (we) last saw the deceased alive an 4-11 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. PHYSICAN'S NAME (Type) MIGUEL 22<sub>B</sub>. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23g. BUR AL EREMATION. 23b. DATE LOCATION (City or Town) (County) (State) 25o. REC'D BY REGISTRAR 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2g DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or pont) Month L. Foxwell Flov **FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fune director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages l'an shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after de 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER , YEAR 6. AGE (in years IE LUNCER 24 HRS law requires that the death certificate be executed within 24 haurs after last birthday) Days Female White 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED X NEVER MARRIED country) Dorchester DIVORCED [ WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR give street address) dre-Md. Hospital Homemak er INDUSTRY Cambridge 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 136 INSIDE CITY LIMITS? admission) STATE 13b. COUNTY
Porchester YES F NO M Crapo 14 FATHER S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle J. Pritchett Milton Truitt Missouri 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (It yes give war or dates of service) Yes, no, or unknown) Crapo Md. Mr. Ottie Foxwell 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrot BETWEEN ONSET AND DEATH rebreva DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ! oner a rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending **DEUNERAL DIRECTOR:** After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO 😱 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) ( AT HOME, FARM, STREET, FACTORY ) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at wark 22a. I certify that (I) (this hospital) ottended the deceased from... ond that in (my) four) opinian death accurred on the date and hour and from the saw the deceased alive an\_ causes stated above, (I) (wa) (did) (did not) view the body after death. 22b. SIGNATURI STAFF DEGREE DIRECTOR 22d PHYSICIAN'S 22e ADDRESS NAME (Type) 23d LOCATION (City or 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) Foxwell Family Cem. Porchester Crapo 2Sb. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR 25o, RECD BY REGISTRAR 30M REV 1468 Cambridge Md. DATE



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	ING by t fter fter be d Stote		220. I certify that (I) (this haspital) attended the deceased from 1967, 1967, to 463, 1968, sow the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date	that (W (we) last					
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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost First Middle 2g. DATE OF DEATH 2b. HOUR ourial-transit permit. Then please remave carban papers. Pages Land 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death (Type or print) Month 45 Day Year F JINDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years F UNDER 1 YEAR last birthday) MONTHS DAYS HOURS YRS. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH To BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED WIDOWED DIVORCED [ Md ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within give Itreet address) during mast of warking life, even if retired) INDUSTRY. campletely 13d. NSIDE CITY LIMITS? 130. US\_AL RESIDENCE (Where deceased lived, if institutions Residence before LYSC CITY OR TOWN 13e. STREET AND NUMBER TATE (noissimbo 13b COUNTY NO Middle 14 FATHER'S NAME MOTHER'S MAIDEN NAME First and First Middle Last attending physician sermit. Then please IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INEORMANT Address Yes, no, or unknown) 218-10-6432A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ifter this certificate has been be detached far use as the State Dept, of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? NO [ director, page 3 shauld be detached for use should be filed with the State Dept. of Health 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Dov Year PM (If either, notify medical examiner) AT HOME, FARM, STREET, FACTORY, 21f LOCATION Street or R F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY State City or Town County OFFICE BUILDING, ETC While Not while at work FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram-19 68, and that in (my) (aur) apinian death accurred an the date and have and fram the saw the deceased alive an... causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) Rural Chestertown, Burial (Specify) Joshua Cemetery Md. April.15,1968 Kent. 2Sq. REC'D BY REGISTRAR 30M REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05593 DECEASED-NAME Middle Last 2a, DATE OF DEATH 2b. HOUR First requires that the death certificate be executed within 24 hours ofter death Manth 30 (Type or print) the funero a) Ames MARION PARN 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. DATE OF BIRTH 3. SEX 4. RACE ges last birthday) MONTHS DAYS HOURS Nearn 200 YRS 9. COUNTY OF DEATH OF WHAT COUNTRY? 70 BIRTHPLACE (State or fareign 76 CITIZEN 8. MARRIED NEVER MARRIED bunal-transit permit. Then please remove carbon papers. burial, cremation, ar removal, ond in any event, within 72 how and completely filled in WIDOWED 5 penest DIVORCED [ 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast af warking life, even if retired) INDUSTRY give street gddress) Retired LABORER 13d INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) CITY OR TOWN admission) STATE 13b. COUNTY YES NO 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First First LLNKNOWN UNKNOWN physician a 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, na, ar unknawn) (If yes give war or dates of service) EASTERNShoreState attending phys APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) BETWEEN ONSET AND DEATH and PART I DEATH WAS CAUSED BY:
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH Middle Lost 2b. HOUR DECEASED-NAME First requires that the death certificate be executed within 24 haurs after death (Type or print) Month F UNDER 24 HRS. 3 SEX 4. RACE S. DATE OF BIRTH IF TINDER I YEAR AGE (In years lost birtheav) DAYS HOURS Fema hou 7h CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED 🔀 NEVER MARRIED 🗌 attending physician and composition papers. WIDOWED | DIVORCED burial, crematian, or remaval, and in any event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) P HOUSE
13d INSIDE CITY EMITS? 13e. STR 130 USLAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13b COUNTY NO 🔀 YES T 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First M'ddle 160. WAS DECEASED EVER IN ILS. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, of unknown) [If yes give war or dates of service] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) signed by the burial-transit p rise to immediate couse (a). DUE TO, OR AS, A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? CAUSES OF DEATH? YES [ NO | O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED State 21e PLACE OF INJURY City or Town County While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 3-11, 1968, to 4-8, 1968, that (1) (we) last sow the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (1) (ve) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS. PHYSICIAN S 22e. ADDRESS NAME (Type) MAME 23d LOCATION (City or Jown) 230 BURIAL, CREMAT ON REMOVAL (Specify) OF CEMETERY OR CREMATORY 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH 35592 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05595 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death (Type or print) Apr. Month Hilda Jackson May 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE LINDER 24 HRS last bighday) DAYS Female August 9, 1902 Negro physician and campletely filled in by To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED X NEVER MARRIED country) Maryland USA Dorchester WIDOWED [ DIVORCED [ burial, cremation, ar remaval, and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Cambridge Cambridge-Md. Hospital Cannery Factory worker 130. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before, 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES X Md. Dorchester NG [ Hurlock None 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost First Middle Lost Adam Jones Brown Annie 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, quunknown) 199-03-9437 John E. Jackson, Hurlock, Maryland 18. CAUSE OF DEATH (Enter only one cause per luce for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY-BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (a) signed by the burial-transit p Canditions, if any, which gave t rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the Ishauld be filed with the State Dept. af Health prior to I 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [7 NO Z 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day P.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.O. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22a 1 certify that (1) (this haspital) attended the deceased from 19 and that in \_\_\_\_1960, and that in (my) (ex) opinion death occurred an the date and hour and fram the causes stated above, (1) (we) (aid) (did not) view the body after death. 22b SIGNATURE STAFF DEGREE PHYS. DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (Caunty) 1968 REMOVAL (Specify) Washington Cemetery Hurlock, Dorchester, Md. 0 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Federalsburg, Maryland become Franction 1968 DATE Arn 2 2 30M REV, 1/68

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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. "0 **
FOR STATE HEALTH-DEPT.	1. D	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  DECEASED NAME First Middle Lost 20 DATE KNOWN® Month 1	Day Year 2b HOUR
≈ 5 8 72		(Type or Print) Marion Ruth Kidan OF ESTI-DEATH MATED Apr.	28 68 3,30
deloy and 3 magnetic	3 S	SEX 4 RACE S DATE OF BIRTH 6 AGE in yours 1 F JNDER I YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
S a d		CMSTC MITTE VILLE VILLE ATTAIN 100 M	8 Year 1958 3 3 3 4
	70 <b>C</b> OUR	BRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED OF COUNTY OF DEATH WIDOWED DIVORCED DOTCHESTER	Md.
Poges ith far State		CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work done 1	2b KIND OF BUSINESS OR
offer death S.ve Pog Slong with with the Sta		Ogmoriage Ave., Homeages	NOJSTRY
		USUAL RESIDENCE (Where deceased lived, if not tution Residence before administration and the company of the com	ve.,
24 hours in Item 1 r's Office es lond 2 irs after d	14 [	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  John H. Jones Dora Li	Lost
hin 24 ncil in I niner's poges I hours (	Iáa	John H. Jones Dora L.  WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 308 THANKSOC J.	inderman
	()	Yes, no unknown (Hyas gove war or doves of service) (Hyas gove war or doves of service)	
scuted wit ing' in pe idical Exar erm.t File w'thin 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
e executer pending' ef Medicol isit permit		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Pulmonary edema	few mins.
be exe Tpendi sief Me ansit pe		DUE TO, OR AS A CONSEQUENCE OF	П
ould by vord ", he Chie haltran		isse to immediate cause (a). (b) GOPONSTY OCCLUSION	
should be e ne word "per o the Chief I burial-transit in any ever		stoting the underlying couse OUE 10, OX AS A CONSEQUENCE OF	
ertificate should writing the word rwarded to the Ch sea os a burial-tra iovol, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)	
rtifica ratder ratder ratos vol. o	NOI	Anemia Cirrhosis of liver	20. AUTOPSY?
is certific te, writin forward ie used or removal,	CERTIFICATION	WAS PERFORMED?	YES NO
This ficate i be fi		210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of in Jry In Part 1 or Part 2, Iren	
MINER: This the certificate, 4 should be four files a Should be a Should be in mation, ar rer	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
<b>至</b> 七 4 7 9 页	M	21d INJURY OCCURRED  21e P.ACE OF IN.JRY (At harme, farm, street, with the process of the proces	County State
		AT WORK   AT WORK	
×		22a   certify that I taak charge of the remains described above, held an Autopsy \( \otimes\), Inspection \( \otimes\), Inquiry \( \otimes\), death resulted from. Natural causes \( \otimes\), Accident \( \otimes\), Suicide \( \otimes\), Hamicide \( \otimes\), Undetermined manner \( \otimes\)	and in my apinian
please ex please ex I director. I director. DIRECTO or to burn		CHIEF MEDICAL EXAMINER	_
4 1 .9		ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  22b. DATE SI	
DEPUTY seessory, p te funeral may be re FUNERAL		EXAMINER'S John Pace Jr.  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county) Cambri	/68 dge. Md.
TO DEPUTY necessory, the funero 5 moy be 10 FUNERA Heolth pr	230	the control of	County) (Stote)
	200	Burial May 1.1968 Dorchester Memorial Park.Cambridge.	
VR A15ME (5) 10M REV 1/68	24X	FUNERAL DIRECTOR A. Showard Cambridge, Md. 250 MAR BY REGISTRAP 250 PECISPARS S. DATE	GNATURE

WINDALUKIN ZIVIP IJPDVDIKARKII UP PIEVIZA



DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 : 9 a Last 20. DATE OF DEATH 2b HOUR DECEASED NAME First Middle The law requires that the death certificate be executed within 24 hours after death (Type or print) April 1 completely filled in by the funeral lave carban papers. Pages 1 and Lake Phillip. Goldsborough otte 4. RACE 5 DATE OF BIRTH 6. AGE (In years SELINDER 1 YEAR SEX last buthday) MONTHS DAYS HOURS March 8, 1906 Negro Male 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 8. MARRIED T NEVER MARRIED 174 (country) Maryland the attending physician and completely filled in lisis permit. Then please remave carban papers. Dorchester USA WIDOWED [ DIVORCED [ signed by the attending physician and completely filled in burial-transit permit. Then please remave carbon papers burial, crematian, ar removal, and in any event, within 72 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY Farm give street address) Williamsburg Rest Home 13a USUAL RESIDENCE (Where deceased lived if nistitution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Dorchester Williamsburg VES NO 😾 **RFD #2** Middle 14 FATHERS NAME Middle Lost 15 MOTHER S MAIDEN NAME First Elizabeth Skinner Goldsborough Smith Mary 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) 213-18-5856 Mrs. Lillie M. Stanley, W. Orange, N. J. 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c)) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ronchrusumoni DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave } scompt of tion (controls rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse \*\* 79 " Augentensiva Yardia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16st hemi parsis 3 should be detached far use as the with the State Dept. af Health priar to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a, AUTOPSY? 190. DATE OF OPERATION CALISES OF DEATH? NO TX YES 🗍 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY Greather, notify medical exominer) HOUR A.M. Manth Doy Year 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while ot work ot wark 220. I certify that (I) (this haspital) attended the deceased from 10/2/2, 1902, to 4/19/saw the deceased alive an 19, and that in (mv) (our) apinion death occurred a , 1905 , that (I) (we) last \_, and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated above, (1) (we) (alidianat) view the body after death. 22b SIGNATURE 22c DATE SIGNED MED. DIRECTOR director, page 3 should be filed v DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Horolu P.O.Box#158 Preston Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23b. DATE 230. BUR AL CREMATION REMAYAL (Specify) 4-25-68 Skinner's Run Cemetery Williamsburg. 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR Gerome Framptom, Or. VR A15 (4) 30M REV. 1/68 FUNERAL HOME, FEDERALSBURG, MD

FRAMPTOM

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	35594
HEALTH DEPTI	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN X Middle Lost OF ESTI-	1.9 (2.1)
ny deloy .s 2, ond 3 to PM3. Poge	3 SEX F 4 RACE, S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH S. DAYS HOURS MIN. Doy 22    A RACE	Yeor 681P
2,9	70. BIRTHPLACE (Stote or foreign country) MD. 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED X DIVORCED DORCHESTER	
ter deoth Give Poges 1, ong with form th the Stote De th.	CA MBRIDGE give street oddress) E.S.S.H. during most of working the eyen if retired ) IND	KIND OF BUSINESS OR  USTRY  OWN HOLE  COMPANY  OWN  OWN  OWN  OWN  OWN  OWN  OWN  O
s of 18 old	130 USUAL RESIDENCE (Where deceosed lived, if notifutings: Residence before 13c CITY OR TOWN 13d INSIDE CITY UM 137 13e STREET AND NUMBER Odmission) STATE MD. 13b COUNTY WICOMICD SALVSBURY YES NO 507 TRUITT ST.	
	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle ELIZABETH SALLOWAY	Wingate
vithin pencil om ne e pogé e pogé	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, oppgknown) (If yes grow war or dates of service)  16b. SOCIAC SECURITY NO. 17 INFORMANTM'S. Edna L. Calliasoress Salis Records E.S.S.H. & MERIDGE, ME	bury, Md. • (Daughter
be executed v "pending" in l sief Medicol Ex insit perm't. Fil event within ?	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) ) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) TERMINAL PNEUMONIA	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove (b) FRACTURE NECK FEMUR	7 WEEKS
wo wo the	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ore ore	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
this contact of the c	190 DATE OF OPERATION  3/2/68  195 COND.T ON FOR WHICH OPERATION WAS PERFORMED? PINNING FRACTURE NECK FEMUR  210 EXTERNAL CAUSE WAS  210 T ME OF INJURY Month, Doy, Year  211 HOW INJURY OCCURRED (Enter nature of injury in Port 2, Item )	20. AUTOPSY?  YES \ NO \_
d b	FELL IN HOME  P M ? 3/1/68  FELL IN HOME	8)
XAM te th ge 4 your your oge crem	fasters office hudden sto V	ounty State
A Paragraph of the para	22o. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry, death resulted from: Natural causes, AccidenXX, Suicide, Hamicide, Undetermined manner	and in my opinion
	ACTUAL  SIGNATURE  ACTUAL  SIGNATURE  ACTUAL  ACTUAL  SIGNATURE  ACTUAL  ACTUA	lED
ro DEPUTY necessory, p the funerol 5 moy be re to FUNERAL Health prior	EXAMINER'S JOHN MACE JR.  DEPUTY MEDICAL EXAMINER XX 4/22/6  ADDRESS(Street, city, town, or county)	58
5 = = = 2 OI	REMOVAL (Specify)	unty) (Stote)
VR A15ME (5)	Burial April 25,1968 Parsons Cemetery  24 FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND  ADDRESS DATE  25 APR BY REIST 1968 DATE  DATE	AFURE Maryland



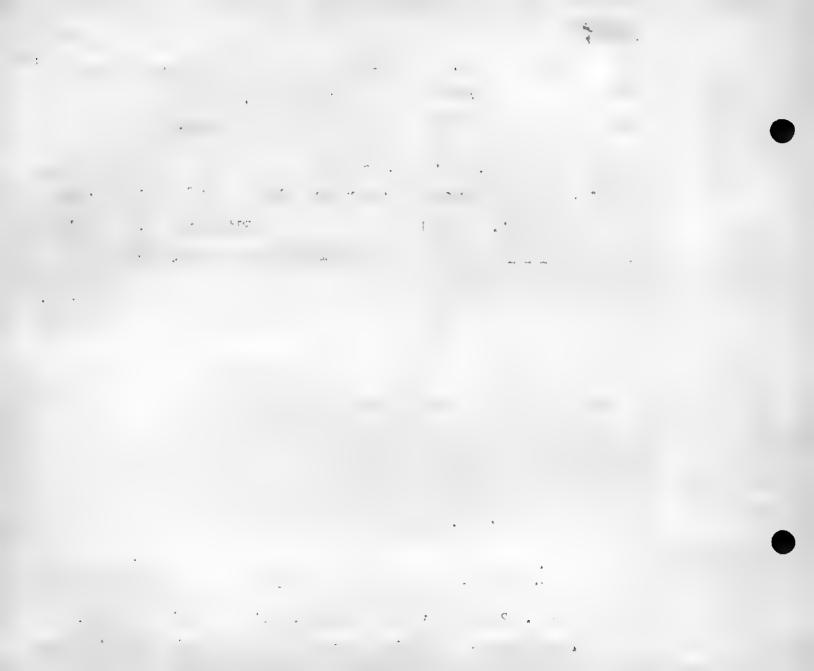
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs ofter death (Type or print) Lvbrand Month 20 Day 968 eor Lillian Creighton Apr. 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR last surthday) July 31,1898 White the attending physician and campletely filled in by the sit permit. Then please remove carban papers. Paggr Female puriai-transit permit. Then please remove carban papers. Pay burial, crematian, ar remaval, and in any event, within 72 haurs 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) Yaryland Dorchester U.S. WIDOWED □本 DIVORCED [77] 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR awaitendrasdge-Naryland Hosung man elmeundikere if retired) INDUSTRY Cambridge 13a USUAL RESIDENCE (Where deceased lived if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d JUSIOF CITY LIMITS? admission) a STATE land 13 Dorchester Cambridge 314 Mill Street YES 15. MOTHER S MAIDEN NAME First 14. FATHER'S NAME First Middle Last Middle Creighton Alice Adams C. John Mill Stre 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 31/1 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or upknown) Mrs. Cornelius W. Wallace, Cambridge, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MESOTHELIOMA C METASTASIS DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IBBETES MELLITUS **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES EX NO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County State While Not while at work 22o. I certify that (I) (this hospital) attended the deceased from \_\_\_\_\_\_\_\_, 19 6d \_\_\_\_\_, 19 6d \_\_\_\_\_, that (I) (we) lost sow the deceased alive an \_\_\_\_\_\_\_\_, 19 6d \_\_\_\_\_\_, ond that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED. DIRECTOR DEGREE DUZCHES. 22d. PHYSICIAN S 22e ADDRESS NAME (Type) MARYANOV 610 RACE ST. CAMBRINGE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL, CREMATION, Apr. 22, 1968 Fort Lincoln Cemetery, Rladensburg, Md. REMOVAL Spectly) 25a REC'DABYO REGISTRAR Mrun Osmbridge, Maryland DATE



MAKTLANU STATE DEPAKTMENT OF HEALTH



- 1				D STATE DEPARTME			
		^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DIVISION OF VITAL RECORDS,	301 W. PRESTON STRI CERTIFICATE OF C		E, MARYLAND 21201	2.1.
		66690					, , () )
Z E	I. DE	CEASED-NAME First (pe or print)	Middle	Lost		DATE OF DEATH  Month Do	Year 2b. HOUR
<b>F F F</b>		W111:		Mills		April 2	1968 5A
	3. SE	X	4. RACE	S. DATE OF BIRT		6 AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		Male	White	June	4.1894	. 73 YRS.	
	7o B coun	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR	9. CO	INTY OF DEATH	
		Maryland	U.S.	WIDOWED DIVORC	ED <b>]X</b>	orchester	M
	10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	120. USUAL OCC	UPATION (Kind of work done	12b. KIND OF BUSINESS OR
1	(	Cambridge	Cambridge-	Md.Hospital	Guring most of	working life, even if retired.)	INDUSTRY
	30.	LSUAL RESIDENCE (Where decease	ed lived, if institution Residence before	13c CITY OR TOWN	M INZIDE CITY LIM TS?	13e STREET AND NUMBER	
V 4	oamı:	ssion) STATE Md.	Dorchester	Golden Hil	AE NO 🖄	100	
1	14. F	ATHER'S NAME First	Middle Lost	1S. MOTHER S MAI	DEN NAME First	Middle	Lost
		George	G. Mill	s	Mahala		Edgar
ı		WAS DECEASED EVER IN U.S. ARM	IED FORCES? 166 SOCIAL SECURITY			Address	
_	Y	es, no, or unknown) (If yes give w	ar or dates of service)	988 George	W.Mills	116 Bonnie	Rd Scranto
F		18 CAUSE OF DEATH (Enter on	y one cause per line for (a) (b), and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 1		PART I. DEATH WAS CAUSED	8Y M1215-	ATIE CARCIN	and c	E BRAIN	22 MG
- 1	_	/ A IMMEDIA	TE CAUSE (o)		<i></i>	2010111	
		Conditions, if ony, which gove )	(b) CARCLUNG		SEUNI		4 mo
		rise to immediate cause (o),	DUE TO, OR AS A CONSEQUENCE OF	Will Car	- Comp		1 112
		storing the underlying couse	(c)				
		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE OR CONDIT	ON GIVEN IN PART 1(a)	
			172 [A-	OT REDATE TO THE TERMINAL	DISLOSE OR COMPIN	on orten ar rake 1407	
	100		CONDITION FOR WHICH OPERATION WAS PE	REORMED 20a AUTOP	Y?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
	E S	7741		YES 🗀	HO [7]	CAUSES OF DEATH?	
X	CERTIFICATION	21o. ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY			e of injury in Port 1 or Port 2,	Item 18)
	ਤ	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Doy Year		unes, fruisi usun	or many mercure to toll a,	ttott reij
	MEDICAL	(If either, not ty medical examin	DEACE OF INJUDY CAT HOME FARM STREET FA		ALDED No.	City or Town	County State
		While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ZII LUCATION STIPPET	OLK F.D. NO.	CITY OF TOWR	Copply 21016
- 1		at work of work	Towns A. D Mar. J. Lat Lat.	. I f	10	10	/ 35 Al at /1\ / \ \ 1
- 1		snw the deceased of	s hospital) attended the deceas	ea vam	(aux) aninian	denth accurred on the de	inai (I) ( <del>We)</del> Id بي ميني. The and have and from th
		causes stated above	, (ا) (معد) (did) (did not) view the	bady after death.	/ ( <del>assi)</del> apinian	beam accorred an me ac	ire and natir and namin
		22b. SIGNATURE	× 1=			22c.	DATE SIGNED
		Simale	R. W. Sell Willen	ALL BEGREE PHYS	MED. DIRECTO	R STAFF	4-5-68
,		22d. PHYSICIAN'S	D Walletti ama	22e_ADDR			2 1 2/2
		NAME (Type) Donal	ld R. McWilliams,	F.O. P.O.	BOX 540	, East New Ma	rket, Md.
ŀ	23o.	BURIAL, CREMATION, 236. E	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d.	LOCATION (City or Town)	(County) (State)
		DEBLOVAL (Consular)					, ,,
1	24.	FUNERAL DIRECTOR	ADDRESS	ity Churchy		Church Creek STRAR   25b REGISTRAR'S	SIGNATURE
88	1	1 - th Villa	Cambridge	Md.21613	DATIAPR Q	1969 00/	



= ( h n	4			ND STATE DEPARTMENT OF		
·1(/V)	11	*****	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA		50:
	Ł	65592		CERTIFICATE OF DEATH		2 4 2 .
€ -3€7 \		ECEASED-NAME First (ype or print)	Middle	Last	2a. DATE OF DEATH  Month Dov	2b. HOUR_
r death.		Lui	ey .	Nichols	Month Doy	2 48 2 M
F F	3 5	X	RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IE UNDER 24 NRS. MONTHS DAYS NOURS M.N.
ors afte y the 1 Pages ors afte	LF	emale_	NEGRO	11-08-1	900 last birthday) YRS.	MONSKS DATS MODICS M.V.
by P	70	BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in 27 72 h	N	ARULAND	U.S.A	WIDOWED DIVORCED	1) orchester	X Md.
filled pape	10,	ITY OR TOWN OF DEATH		NSTITUTION (If not in hospital 12a U	SUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
with vith with with		Ambridge	EASTERNSh	ne State Hosp during	most of work ng life, even if retired.)	INDUSTRY
ed v	130	JSUAL RESIDENCE (Where decease	ed lived, if institution Residence before	; 13c CITY OR TOWN 13d INSIDE CO	TY UMHYS7 13e STREET AND NUMBER	0
omp eve	don	MARYLAND	Wicomico	SAlisbury YES	NO 606 Westove	R Lircle
exe and c any	14	FATHER S NAME First	Middle Last	IS MOTHER'S MAIDEN NAM	E First Middle	Lost
be re re re	П	Elisa	h laulo	e /	NARU	TAULOR
ofe icial leas		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL CCURITY		Address	0
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. De retained by the hospital or attending physician.  NIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral e. 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, present the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		es, na, or unknawn) (If yes give v	110-9:	57.2 EASTERNShoR	estate Hosp, (Med.	records)
he death cer otrending p permit. The	Г	18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (i	W = 2 A	-1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
affi ii. iii.		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) COCCUL	con & ILLEPLA	Alon	5 min.
ne death ottendi permit. ion, or r		14	DUE TO, OR AS A_CONSEQUENCE_O	5	1 -0 3	1
t the		Canditians, if any, which gave	(b) Cerelly	Al VASCEAN	Hecides	24-lus.
thot in. by i	ı	rise to immediate cause (o), stating the underlying couse(	DUE TO, OR AS & CONSEQUENCE O	F. A. L. A.	0 -	4
equres that the physician. signed by the burial-transit burial, cremat		last.	10) Cerclos	Al arterios	cleropis -	104/15.
phy phy sign ino		PART 2 OTHER SIGNIFICANT CO	POITLONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE-C	OR CONDITION SIVEN IN PART 1(0)	
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lov endi s be as t	I₩	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F	PERFORMED 20a. AUTOPSY?	20b. IF YES WERE FINDINGS CO	DNSIDERED IN CERTIFYING
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Or unterlied		21a. ACCIDENT WAS UNDERLYIN	IG 216. TIME OF INJURY	21c. HOW INJURY OCCURRED (E	nter noture of injury in Part 1 or Port 2, I	tem 18)
d pigal	MEDICAL	or contributingcause of DEA'	ner)   P.M.	19		
hos hos che	×	21d. INJURY OCCURRED 21e.	PLACE OF INJURY ( AT HOME, FARM, STREET, E	ACTORY,) 21f. LOCATION Street or R.F.D.	No. City or Town	County State
the this detdee		While Nat while at wark of wark				
by there be stot		22a. I certify that (4) (th	is haspital) attended the decea	sed fram <del>Q-12-68</del> , 19 19 62, and that in (my) (aur) (	068, to 4-12, 19	that (H), (we) last
END Sed A	1	saw the deceased a	live an 4 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	.19_6≥, and that in (my) (aur) (	pinian death accurred an the da	te and haur and tram the
This tain the tail th	П	22b. SIGNATURE	s, (1) (Har) (Gld) (Gld, Her) Ylew IIII	s oddy uner dedin.	220	DATE SIGNED
JR E G	П	12 Km/11	2001. (00 x 101	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	-12-60 F
V by by by file oge	L	22d. PHYSICIANS	Contract of	22e. ADDRESS	THIS.	1/0
PIT. PIT.		NAME (Type) DO NA	4) D. KELLO	56 5651	TERN SHORES	SF. 1405P.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transpace of the state of the state of the prior to burial, cressished by the state Dept. of Health prior to burial, cressished.	23 a	BURIAL, (REMATION, 23b.	DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (State)
0 g 0 g 2		DEMONIAL (Carack A	17-68 Green		. Jalisbury di	comico id.
VRAIGHA	24	FUNERAL DIRECTOR	ADDRES		D BY REGISTRAR 25b. REGISTRAR'S	
30M REV YOU	1/	101 to	Stellest	DATAP DATAP	R 17 1968 Ichan	les Indae
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12 -	1		D STATE DEPARTMENT OF F		
$\propto (M_f)$	35609	-	301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	85603
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草一草	3 SEX	4. RACE	S DATE OF BIRTH	6. AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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- P - P - P - P - P - P - P - P - P - P	7o. BIRTHPLACE (Stote or foreign	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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within tell gely fille ban pa	O CITY OR TOWN OF DEATH  CAMBRIDGE	11 NAME OF HOSPITAL OR IN  give street oddress)  EASTERN SHO	STITUTION (If not in hospital 12a USU/ RE STATE HOSPITAL 11	AL OCCUPATION (Kind of work done ast of work egglife, even if retired)	126. KIND OF BUSINESS OR INDUSTRY FARMING
unted y ampleti	130 USUAL RESIDENCE (Where deceded admission) STATE	sed lived, if 'nstitut an Residence befare	JSC CITY OR TOWN 136. INSIDE CITY IS		
d cc	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Lost
be dan an in c	John	Benjamin Olipha			
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Gert G pl Ther mov		nly one couse per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tree Tree	PART I. DEATH WAS CAUS	D BY:	· Ma or all c		BETWEEN UNSET AND DEATH
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the de	Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	10.10		
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hysi gne uria		NIDITIONS CONTRIBUTING TO DEATHURIT N	OF RELATED TO THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1/6)	
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G PHY the ho this of detack	While Not while at wark		(TÖRY.) 21f. LOCATION Street or R.F.D. No		
State	22a. I certify that (4) (t	nis haspital) attended the deceos	ed from <b>04_05</b> , 19_6 19 <b>.68_</b> , and that in <b>(xnx)</b> (aur) opi	58 , to 04-10- , 19	that (1) (we) la
DR: A	couses stated abov	e, (I) (we) (did) (did nat) view the	body after death.	nion death occurred on the dat	re ona nour ona trom tn
A S D S S	22b SIGNATURE	, Ad Kel	ATTENDING M		ATE SIGNED
DIR DIR Jed	0000	seed 19,1	DEGREE PHYS.	IRECTOR PHYS Q 4	-11- 64
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Feet Feet	230 BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d. LOCATION (City ar Town)	(Caunty) (State)
5g 5 2 2 /		il 13,1968 Parsons	Cemetery	Salisbury, Wicom	ico, Maryland
VR A15/18	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D 8	V DECISTRAD OCH DECISTRAD C	SIGNATURE
30M REV. 168	HOLLOWAY & CO.	MPANY, SALISBURY, 1	MARYLAND DATE AFT	15 1968 Julian	les judges



. 1	MARYLAND STATE DEPARTMENT OF HEALTH	
_ 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	7314
		7.5 N
death.	DECEASED NAME First Middle Last 2a. DATE OF DEATH (Type or print)  VTCTORTA TAKE PTIDER  APRIL 1 Day  1.00	2b. HOUR
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	58 10:50
2 % 5 13	S. DATE OF BIRTH  6. AGE (In years Frunder)  WAY C 1884	DAYS HOURS MIN.
	PETHENS MECHOLD PART 9, 1000 17 W.	
7	to. BIRTHPLACE (Stote or foreign country)  7b. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH  10 DECEMBER 1	
L	MARYLAND USA WIDOWED DIVORCED DOUGHESTER	Md
	0 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired.) 12b. KI	IND OF BUSINESS OR
L	Our Distriction to Among a true	DEWIFE
1.0	30. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER CAMBRIDGE YES NO 509 CEDAR STREET.	TI .
- 1=		
1	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
L	1 M C C 1 M C C C C C C C C C C C C C C	BOOKS
	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grunknown) (1 yes gere war or doles of service) 213-11:-1778A FLOSSTE PINDER 509 CEDAR ST.	21613
F		APPROXIMATE INTERVAL
	BE DADE UP DEATH (trifer only one couse per line for (a) (b), and (c).]	TWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) / WIMONZRY / NOCKULOSIS	7
	2//9 DUE TO, OR AS A CONSEQUENCE OF	•
	Canditians, it ony, which gave (b)	
	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	lost. (t)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	8 2	
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. 1F YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 3 or Port 2. Item 3B.)	) IN CERTIFYING
	YES NO STORY WAS INDESTRUCTION OF THE PROPERTY	
	(If either, natify medical examiner) P.M. 19	
		State
1	White Nat while at work office Building, Etc.	41 . 415 4 . 4
	220. I certify that (I) (this hospital) attended the deceased from 3/3/6, 19, ta 4/4/6, 19, saw the deceased glive on 19, and that in (my) (our) apinion death occurred on the date and 19, and that in (my) (our) apinion death occurred on the date and 19, and that in (my) (our) apinion death occurred on the date and 19, and that in (my) (our) apinion death occurred on the date and 19, and that in (my) (our) apinion death occurred on the date and 19, and that in (my) (our) apinion death occurred on the date and 19,	that (I) (we) las
	saw the deceased alive on	nour ond from the
	226 DATE SIGNATURE	NED A
	DEGREE PHYS DIRECTOR PHYS. 1 4/ Y	168
,	22d. PHYSICIAN'S 22e. ADDRESS 6/0 R2 CP 17	
	NAME (Type) LAWRENCE MARYANOV, M.D. Cimbridge md. 2	1613
2	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Count	y) (Stote)
	BURIAL 1/6/68 BUCKTOWN BUCKTOWN DOR.	MD.
	24. FUNIFICAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUI	
	Thedrick C. Lylein CAMBRIDGE, MD. DATE APR 16 1968 Charles	10



MARYLAND STATE DEPARTMENT OF HEALTH 35602 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15605 CERTIFICATE OF DEATH Middie Last 26 HOUR DECEASED-NAME First 2g. DATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. (Type or pnnt) Delmont Scott Manth Dwaine. S. DATE OF BIRTH 6. AGE (In years 3 SEX 4 RACE FUNDER 1 YEAR last birthday) MONTHS DAYS Male Negro Feb. 2, 1968 20 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. 8IRTHPLACE (State or foreign 8. MARRIED [7] NEVER MARRIED [7] country) Maryland the attending physician and campletely filled in sit permit. Then please remove carban papers. Dorchester USA WIDOWED [ DIVORCED [ crematian, ar remaval, and in any event, within 72 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired ) INDUSTRY New RFD# Box 61 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13e. STREET AND NUMBER admission) STATE RFD# 1 13b COUNTY Dorchester F. New Market Box GI YES NO X 14. FATHER'S NAME M. ddle 1S. MOTHER S MAIDEN NAME First Middle Lost Last Wilson Scott Bellv D Wayne 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Miss Betty J. Scott, East New Market, Md. Yes, na. as unknawn) NONG. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: O FUNERAL DIRECTOR: After this certificate has been signed by the attendire Bronchohneumoni days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar ta 19g DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [ 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b, TIME OF INJURY GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from April 20, 1968, to Gint, 22, 1968, that (I) (we) last saw the deceased olive an Ghnt 22, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b SIGNATURE Degree director, page 3 shauld be filed v DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S BARROSD S. main Street Hurlock Md. 23g. BURIAL, CREMAT ON, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE Nr. East NewMarket. Apr. 23, 1968 Thompsontown Cometery 250. REC'D BY REGISTRAR APR 25 24. FUNERAL DIRECTOR OPPORTURE Framptom, Or VR A15 (4) 30M REV, 1/68 HOME, FEDERALSBURG MD, DATE FUNERAL FRAMPTOM





	4	DIVICION		HAIE DEPAKIMENT C		DVI AND 01001	
FOR CTARE	36	104 DIVISION	OF VITAL RECORDS, 301	INER'S CERTIFICAT			- an .
HEALTH DEPT	1. DECEASED-NAI	- 1	MEDICAL EXAM		t UP DEAL		W - 1 - 2 - 101 - 1010
×00	(Type or Prin		NORMAN	SEWARD		20 DATE KNOWN TO OF ESTI DEATH MATED	April 1 19 68 AM
3 m 6 m 6	3 SEX	4. RACE	S DATE OF BIRTH	6. AGE (In years IF LINDER I YEA			
any delay is 2, and 3 to PM3. Page	Male	White	Dec. 4, 1903	lost birthday) MONTHS DAY	S MOURS M	ICM	Pay 1 Year 68 10:30
	70 B.RTHPLACE country) Mar		b citizen of what country?	8 MARRIED NEVER		COUNTY OF DEATH	
for for	10. CITY OR TOW					Dorchester	Ma
ofter death 3. Give Pages along with for with the State	Cambri		l dive street oddress)	DOA Hospital	duting mo	L OCCUPATION (Kind of work at of working life, even if re than c-ite tire	
deo of wood	13a USUAL RESI odm ssion) S		od lived, if institution Residence 13b COUNTY Dorchest	before 13c. CIY OR TOWN	AEZ DE NO L	03 0	tery Avenue
	14. FATHER'S NAJ	E First Alexan	Middle	Lost 15 MOTHER S /		rst Midd Elizabeth	Phillips
d be executed within 24 d "pending" in pencil in   Chief Med.cal Exominer's fransit permit. File pages   y event within 72 hours or	160. WAS DECEASI (Yes, no or uni	D EVER IN U.S. ARMED F	ORCES? 16b. SOCIAL SECT		e Funero	ADDRESS	
with person					e rungia	T DetATCE Le	APPROXIMATE INTERVAL
ecuted ling" in ed.cal E ermit. F	18. CAUS	OF DEATH (Enter only I. DEATH WAS CAUSED	y ane cause per line for (o), (b), a BY,	* * * *			BETWEEN ONSET AND DEATH
e executed pending" i ef Med.col sit permit. vent withir	المنا	10 9 IMMEDIA		ry occlusion	Ω		Instant
be exc "pend rief Me unsit pe	Conditions	if any, which gave	DUE TO, OR AS A CONSEQUE	NCE OF			
vord '		nediote cause (a), { underlying couse (	(b) DUE TO, OR AS A CONSEQUE	NCF OF			
조 구 표 도 도	last.	underlying couse	(c)				
This certificate shapes to the vertificate to the forwarded to the used as a burn remayal and in	PART 2 OTI	IER SIGNIFICANT COND!	TIONS CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERMINA	L DISEASE OR COND	T ON GIVEN IN PART 1(a)	
This certificate, writing be forword of be used of or removal	19g DATE	OF OPERATION	19b. CONDITION	FOR WHICH OPERATION			20. AUTOPSY?
e, w forv	190 DATE (		WAS PERFO				YES NO K
		IAL CAUSE WAS	21b TIME OF INJURY Month, D	by, Yeor 21c HOW INJURY	OCCURRED (Enter n	noture of in very in Port 1 or I	
INER: This e certificate, should be fo files.  3 should be to a should be to or ren	PRIMARY [ CAUSE OF I 2 d INJR	OR CONTRIBUTING	] HOURAM	19	`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
A 하는 프로 등 호		OCCURRED 21e. P	LACE OF INJURY (At home, farm, story, affice building, etc.)	treet, 21f LOCATION Stre	eet ar R.F.D. No	City ar Tawn	County State
EXAMINER: cute the cert age 4 should be your files. Page 3 should be your files.	WHILE AT WORK	NOT WHILE TO C	rory, drince building, erc.)				
ICAL EXA execute for. Page ed for you CTOR: Pag burnol, cre	220	. I certify that I to	ak charge of the remains de	scribed obove, held an Au	utopsy ,	Inspection X, Inqu	ury , ond in my opinian
CTO TO T	death	resulted fram	Natura: causes 🕱, 🛚 Ac	cident 🔲, Suicide 🔲	, Hamic'de [	Undetermined_m	anner 🔲
please please retainer retainer I DIREC	ACTUAL		2.	0	CHIEF MEDICAL EXA	MINER	
y, plereral dispersion prior i	SIGNATUI	1 Jun	y mero	-ALD	ASSISTANT MEDICAL	EXPONENTE L	1/2/68
o DEPUTY SICAL EXAM necessory, please execute it if the funeral director. Page 45 may be retained for your 5 EUNERAL DIRECTOR: Page Health prior to buriol, crem	EXAMINE NAME (T)	John J	Mace Jr. M.D		DEPUTY MED CAL EX ADDRESS(Street, city	_	bridge, Md.
necessar the fune 5 may b 10 FUNER Health	230 BURIAL CR	MATION, 23b	DATE 23c NA	ME OF CEMETERY OR CREMATORY		23d LOCATION (City or Town	) (County) (State)
X	Buria  24 FUNERAL DI		3, 1968 Spe	dden-Seward Ce			ridge, Maryland
VR A15ME (5)			Service, Cambi		2Sa REC'D BY		STRAR'S SIGNATURE
10M REV 1/68					DATE AP	R 5 1968	Michaelas Judae



MAKYLAND STATE DEPARTMENT OF HEALTH

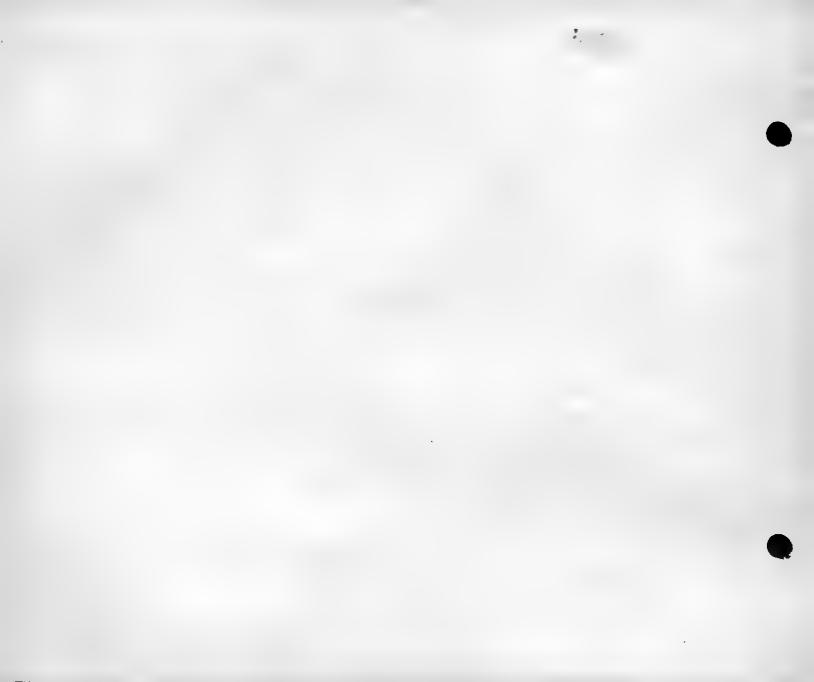


Carlo Carlo		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
$\times$ $(M)$	<u> </u>	CERTIFICATE OF DEATH 05609
是 三分量		CEASED-NAME Pirst Middle Lost 20 DATE OF DEATH  Year Doy Year 2b. Hour
death and death	L.	1000 VT (NMI) /QV/0V
after death	3. \$	last hythday) Minutes and House Min
hours affei n by the fi s. Pages hours offe	70	19ale WIITE 12-4-83 X4-48.
hou hou sin b		SIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED   9. COUNTY OF DEATH   9. COUNT
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od w slete corb int, v		US_AL RESIDENCE (Where deceased lived, if institution Residence before 13% CITY OR TOWN 38 MINIOE CITY LIMITS? 13e. STREET AND NUMBER
amp owe - eve	aam	Saryland 136. COUNTY Wicomics Salisbury YES NO 419 Lobloth Lance
se executed vand completer remove cortin any event,	14.	ATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle V Lost
be be no a series of in a	L	William A. Taylor Namey Ellen Twilley
requires that the death certificate be executed within 24 hours by physician. I signed by the attending physician and campletely filled in by the burial-transit permit. Then please remove corbon papers. Paburial, crematian, or removal, and in any event, within 72 hours burial, crematian, or removal.	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 216-12-1933A Recapility Rolling Brief West of Service) 17 INFORMANTM'S. Ruth T. McAlliston (Daughter) 216-12-1933A Recapility Rolling Brief Rolling Brief (Daughter)
th certifi ding phy Then remova	⊨	APPROXIMATE INTERVA.
ding ding		APROXIMAL MIERVA.  APPROXIMAL MIERVA.  APPROXI
ded ded irmi	1	IMMEDIATE CAUSE (a) CONTROLLER COLLEGE  DUE TO, OR AS A CONSEQUENCE OF
the a		Conditions, if only, which gove )
thot in. by t igns rem		rise to (mmediate cause (o). (b) DUE TO, OR AS A CONSEQUENCE OF
equires that the dea physician. signed by the otten buriol-transit permit buriol, cremotian, or		lost. 4.2.27 (c)
equires that th physician. signed by the buriol-transit i		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
ding ding leen the or to	ž	Cheonie Brown Syndrose due to metal voscular descore
tten tten as b as b prid	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NO CAUSES OF DEATH?
AN: The low all or ottendial icote has bee for use as the Health priar		YES NO SO CAGGO OF CANTY  210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
CIAN ital ifico ifico fr He	MEDICAL	OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Year (If either, notify medical exominer) P.M. 19
G PHYSICIAN the hospital of this certificot detached for te Dept. of He	뜋	21d INSURY OCCURRED 21e, PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, ) 23f LOCATION Street or R.E.D. No. (ity or Town County State
this the Beta Beta Beta Beta Beta Beta Beta Bet	,	at wark — or work —
by t ffer ffer be c State	1	22a. I certify that (I) (this haspital) attended the deceased from 7-8, 19-63, ta-4-8, 19-63, that (I) (we) last saw the deceased alive an 4-8, and that in (my) (aur) apinian death accurred an the date and hour and from the
R: A uld	ı	saw the deceased alive an <u>17-3</u> and 194 in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death
moy be refained by RAL DIRECTOR: After page 3 shauld be be filed with the Stat	L	226 SIGNATURE 220 DATE SIGNED
OR be r		Outlierd D. Bilibean, M.D. DEGREE PHYS B DIRECTOR D STAFF B 4-8-65
TAL Moy bag be fill be		22d. PHYSICIAN'S NAME (Type) RICHARD G. BILD DEAU, M.D. EASTERN SHORE STATE HOSP TAL
다 다 프 하고	,	
O HOS	230	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)  REMOVAL (Specify) April 11. 1968 Parsons Cemetery Salisbury, Wicomico, Maryland
M	24.	FUNERAL DIRECTOR ADDRESS/ A 250, REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE
VR A15 (4)		Hallow and to date time Med DATE ADD 15 1968 victionles lunges

MARYLAND STATE DEPARTMENT OF HEALTH

1 .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF CEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY MARYLANO b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) mmoval, and in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (Illnot in haspital, give street oddress) e IS RESIDENCE ON A FARM? Dhore YES NO NAME OF 4 OATE Doy physician and campletely DECEASED OF DEATH e/ 6 (Type or pant) 6. COLOR OR RACE 9. AGE (In IF UNDER TYFAR 7. MARRIED NEVER MARRIEO veors lost birthdoy) Months 1-01-WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) durping most of working life, everyif retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Ь burial, cremittion, 18. CAUSE OF DEATH (Enter only one couse per line for To), (b), and (c). signed by the burial-transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse director, page 3 shauld be detached for use as the shauld be filed with the State Tept. of Health prior ta FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NO 20g ACCIDENT WAS UNDERLYING F HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (City or fown) (County) (Stote) Hour o.m. factory, street, office bldg, etc.) Not While ot work 21 | certify that (this besone), attended the deceased fram. and that death accurred at 50 M, from causes and an the date stated above saw the deceased alive on 22o. SIGNATURE 22b OATE SIGNEO MED DIRECTOR ATTENDING PHYS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) REMOVAL (Specify) EMETERY 0 NOD. 24. FUNERA DIRECTOR





MARYLAND STATE DEPARTMENT OF HEALTH



	DE (T	EASED-NAME First pe or print) ARTT	399 4/26/68 kk Middle	T.FFT	Lost LIAMS	2o. DATE	APRIL 1904	1988	2b. HOUR
-	3. SEX		4. RACE	W.L.L.	S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	12:45p
		MALE	NEGROID		3400	1891	lost birthogy) 77 //O YRS.	MONTHS DAYS	HOURS MIN
ľ	70. B	RTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED				
	COOK	GEORGIA	USA	WIDOWED			ORCHESTER		N
3		Y OR TOWN OF DEATH  CAMBRIDGE		D. HOS	P., INC.	ing most of worki	ON (Kind of work dane	126. KIND OF INDUSTRY	BUSINESS OR
	30. I Idmis	ISUAL RESIDENCE (Where deceases IN ARYLAND	ed lived, if institution: Residence before 13b. COUNTY DORCHESTER		RIDGE 13d. 1NSID		CAMELIA	STREET	
Ī	14. F/	THER'S NAME First	Middle Lost		S. MOTHER'S MAIDEN N		Middle		Lost
1	14	YOUNG	WRIGHT			ORA	***	WR.	CHT
1		WAS DECEASED EVER IN U.S. ARA s, no pryunknown) (If yes give w	AED FORCES? Agr or doles of service)  221-05-56		LEONARD W	RIGHT	Address CONTINGTON	I. GEORG	TA
F	T		ly one cause per line far (a), (b), and (c					APPROXIA	NATE INTERVAL
1		PART I DEATH WAS CAUSE		J-)				BETWEEN U	OET AND DEATH
П		5999	DUE TO, OR AS A CONSEQUENCE OF						
1		Conditions, if any, which gove			obstruct	tion		10	
ŀ		rise to immediate couse (a), stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE OF	THAT'Y					
-		lost,	(c)						
1		PART 2. OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING TO DEATH BUT	OT RELATED TO	O THE TERMINAL DISEAS	E OR CONDITION GI	VEN IN PART 1(o)		
1	z l	y carcino	oma of neck						
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	CAUR	IF YES, WERE FINDINGS CO ES OF DEATH?	INSIDERED IN CE	RTIFYING
1	EX.	ACCIDENT INSC DUBER WIL		1		NO X			
١	퓩	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEAL (If either, natify medicol exami	HOUR A.M. Month Doy Yeo ner) P.M.	19			jury in Part 1 ar Port 2, I	tem 18.)	
н	E	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY,) 21f. LO	OCATION Street or R.F.		ty ar Tawn	County	State
		II WORK OF WORK						6 17 Alina	(1) (wa) le
		22a Leastifus that (1) (th	is haspital) attended the decea	ed from 4	-4-68 ,	19, to	11-11-, 19	DO, Indi	(i) (ME) IC
		22a Leastifus that (1) (th	is haspital) attended the deceasive an April 1	sed from 4 1968, an	1_68 , d that in (my) (ou death.	19, to_ r) opinion deotl	occurred on the dat	te and hour	and fram t
		22a Leastifus that (1) (th	is haspital) attended the decease live an April 11 (I) (we (did) (fident) view the	ied from 4 1968, an body after	d that in (my) (ou death.	r) opinion deotl	occurred an the dat	te and hour o	and fram t
		22a. I certify that (I) (the saw the deceased a couses stated above	is haspital) attended the decease live an April 11 (i) (v) (did) (office) view the	sed from 4 1968, an body after	d that in (my) (ou death.	r) opinion deotl	occurred on the dat	te and hour o	and fram t
		22a. I certify that (I) (the saw the deceased a couses stated above 22b. SIGNATURE 22d. PHYSICIAN'S	(i) (ve (did) (fideet) view the	body after	d that in (my) (ou death.  ATTENDING PHYS.  22e. ADDRESS	MED. DIRECTOR	STAFF 222 A	PATE SIGNED	3, 16
		22a. I certify that (I) (the saw the deceased a couses stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	live an April (i) (ve/(did) (odent) view the	1968., an body after DEGR	d that in (my) (ou death.  REE ATTENDING PHYS.  22e. ADDRESS 623 HJ	OH STREE	STAFF A	te and hour o	3, 16
		22a. I certify that (I) (the saw the deceased a couses stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) J. BURIAL, CREMATION, 23b.	HDWIN FASSETT, ME DATE 23c. NAME OF	body after	d that in (my) (ou death.  REE ATTENDING PHYS.  22e. ADDRESS 623 HJ	OH STREE	STAFF 222 A	PATE SIGNED	3, 16
)	. 230.	22a. I certify that (I) (the saw the deceased a couses stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) J. BURIAL, CREMATION, 23b.	live an April 1 (i) (ve/(did) (did set) v)ew the	DEGF  CEMETERY OR	d that in (my) (ou death.  REE ATTENDING PHYS.  22e. ADDRESS 623 HI  CREMATORY	MED. DIRECTOR  CH STREE  23d. LOCA	STAFF APPRILED STAFF	DATE SIGNED DE L.  DGE MD.  (Caunty)	3, 16

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